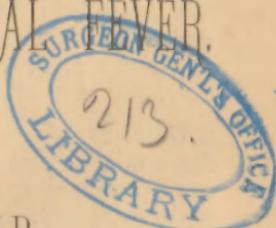


Bernardy (E.P.)

T H E

RECURRANCE OF Puerperal FEVER.

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BY
EUGENE P. BERNARDY, M.D.,
Philadelphia.



IN no work have I found a single reference made to the liability of puerperal fever to recur.

My experience leads me to conclude that an attack of puerperal fever predisposes to subsequent attacks, and I shall substantiate this statement by the report of several cases gleaned, not only from my own practice, but also from the practice of others who were competent to diagnosticate puerperal fever.

CASE I.—Mrs. S., æt. 35, fourth pregnancy. Was called to attend November 14th, 1874, for a premature labor at six months. On examination, found head descending and in a few moments the patient was delivered of a putrid child; on pushing my examination, found another child presenting by the feet, this soon came away without any trouble, and breathed about half an hour. With the placenta there was some trouble, it seemed to be strongly adherent to the walls of the uterus, but separation finally took place after giving repeated doses of the fluid extract of ergot. I was very careful in obtaining all the debris, and am confident nothing was left behind. The patient continued well up to the ninth day, when suddenly, without any perceptible cause, chills, high fever with an accelerated pulse (pulse 120), ushered in a severe attack of puerperal fever, which nearly cost the patient's life.

In the early part of the spring of 1876, I was requested to meet a brother physician in consultation, at a house on South 4th st.

On my arrival, found the above patient had been confined within the twenty-four hours before my visit. It had been a case of occipito-posterior position, which necessitated the use of the forceps. She was now suffering from a similar attack as before noted, and it was almost by a miracle that she recovered.

On December 23d, 1877, I was again called in consultation to this same patient; she had been delivered the day before; easy confinement, the whole duration of the labor was about five hours. Symptoms of puerperal fever set in on the following afternoon. I saw the case in the evening of the same day; this attack was mild and the patient soon recovered.

All the other confinements prior to the fourth were generally easy, one only being an instrumental case.

CASE II.—Mrs. McC., at. 20. In May, 1875, I attended her for a miscarriage (probably provoked) of $4\frac{1}{2}$ months; everything came away easily, patient continued well up to the third day, when suddenly, chills followed by a high pulse and fever ushered in well-marked symptoms of puerperal fever with peritonitis. Under the free use of quinia and morphia, with applications of turpentine stapes over the abdomen, the disease was soon under control and the patient in a short time recovered.

On March 21st, 1876, was again called to see Mrs. McC.; found her suffering with all the symptoms of a miscarriage, but pregnancy was most positively denied. I then gave simply teaspoonful doses of liq. morphiæ sulphatis pro re nata. On the 24th, I was sent for, with word that the patient was dying. I found my patient had lost a large quantity of blood; she was perfectly blanched. On examination, nothing positive could be detected (pregnancy being still denied), the os uteri was completely closed and there was no sign of anything having passed through it. The os was somewhat soft. The patient having lost so much blood, I tamponed the vagina. In twelve hours the tampons were removed and on the last was found the placenta. I then reiterated my assertion of pregnancy and confession was finally made.

The surroundings of the patient were none of the best, medicines were not given half the time, and my orders otherwise not obeyed. There was constant quarrelling between the husband and mother-in-law, which kept the patient in a constant state of nervous excitement. On the fourth day, puerperal fever and peritonitis set in, and in spite of everything done, on March 31st, the unfortunate patient died.

Post mortem was held twenty-four hours after death; present, Drs. Allis, Porter, and two medical students. Autopsy made by Dr. Porter. The abdomen was found full of lymph and pus, the intestines agglutinated together by recent bands of lymph. Ovaries slightly inflamed and covered with lymph; corpus luteum in the left ovary. Uterus not much inflamed. The peritoneum was intensely congested and inflamed. No traces of the old peritonitis could be found.

Prior to these two miscarriages, the patient was delivered of a living child; had an easy labor, and a good getting up.

In passing, I would allude to a sad sequela connected with the first sickness of the above patient. When she was taken ill, in May, 1875, she was attended faithfully by her sister-in-law, who was at that time herself pregnant, and of which condition I knew nothing; in fact, during my attendance on my case, I never saw her, for she would invariably hide herself on my approach, the mother of the patient answering my questions. In December of the same year (1875), or about six months after, she herself was delivered of a living child after an easy confinement. She was attended by a homeopathic physician. A few days afterward, she was taken with chills, high fever, and delirium. She was attended by this homeopath and his assistant, who treated the case as one of pleurisy with effusion. Under their treatment she continued to grow worse; they being discharged, I was called in on Christmas eve. The patient's pleuras on examination were sound. I found her in the last stages of puerperal fever, and told the family that she was beyond human assistance. Next morning she died.

Mrs. McC. attended to the above case; in the mean time she became pregnant, which was followed three months after with the above disastrous results.

CASE III.—McV., aet. 29. Third confinement. Was called to attend her July 10th, 1876. Confinement easy; the patient continued doing well up to the third day. On the evening of the second day, she had chills all night. On the third day her pulse ran up to 130 per minute; fever not very high; extremely sensitive on the abdomen, especially on left side, where she had struck herself accidentally, so severely that she fainted at the time and fell on the floor. In a few weeks the patient had entirely recovered.

On Sept. 23d, 1877, was again called to attend Mrs. McV. Child was born before my arrival; placenta came away easily; there was every indication that the patient would have a good time, and care was taken to prevent any bad sequelae. She continued doing well up to the seventh day, when she asked my consent in getting up, which under the circumstances I granted, telling her to remain up only an hour. On the eve of the eighth day, I was sent for; found the patient suffering excruciating pain in the abdomen and along the left thigh. This pain was temporarily relieved by a hypodermic injection of morphia. The pulse ran up to 140-160, high fever, delirium, tongue looked like a piece of raw beefsteak and perfectly dry. In this condition, with but slight variations, the patient continued up to the 14th of October, 1877, when she quietly passed away, seemingly without suffering.

Dr. Hooper, who attended her in her second confinement, tells me that she had puerperal fever with pelvic cellulitis, and came very near dying.

CASE IV.—On the evening of February 14th, 1877, I was requested to attend Mrs. M., in her fourth confinement. On arriving and upon making an examination, found the os perfectly dilated, bag of waters extruding, pains good. I ruptured the waters and within ten minutes the child (male) was born. On re-examining, another child was discovered, presenting in the right occipito-posterior position (the first having presented in the left occipito-anterior position). I ruptured the second bag of waters and in a few minutes the second child (female) was born. The placenta soon came away without any trouble whatever; it was single, the cord of one being inserted at the extreme right end, the other in the left of the placenta. The uterus contracted nicely. In all I was hardly half an hour in the room before all was over.

I made the remark to my patient: "Mrs. M., you cannot complain if you always have such easy time." "Oh, no," she replied, "I do not mind being confined, but I have always a bad getting up, always in bed from six weeks to two months, with high fever and swollen stomach." I asked her if she had had the same physician in her prior confinements. She replied that each confinement was attended by a different gentleman.

I ordered at once morphia sulphatis gr. $\frac{1}{8}$ every hour, till I would see her the next morning. At my next visit I found no medicine had been given. The patient was complaining of a severe headache and thirst, eyes had a glassy, staring appearance, pulse 110. I immediately ordered 5 gr. quinia sulph. every two hours, with $\frac{1}{8}$ gr. morph. sulph. Saw the case the same afternoon; the abdomen was becoming tympanitic, but not painful; patient slightly delirious; pulse 140; ordered warm applications to abdomen. Saw case next morning; all the symptoms worse; cold perspiration; hands and feet cold; this condition of things continued until the afternoon, when the patient died.

The patient's system seemed to be perfectly saturated with the poison. The nervous centres paralyzed; there was no attempt made to rally, the patient literally sank under the powerful influence of the poison.

On making inquiries, I found that Dr. Barr attended her in her first confinement; Dr. Gayely in the second; and Dr. R. G. Curtin in her third. Not knowing which Dr. Barr had attended the case, I was unable to find out the condition of things during his attendance. I called on Dr. Gayely and he very kindly gave me the following history:

On January 7th, 1872, he was called to attend the above patient in her second confinement. She had an easy confinement, and continued to do well up to the 15th of January, or the eighth day of her confinement, when suddenly she was taken with chills, and high fever, which ushered in an attack of puerperal fever of the peritoneal form. He continued in attendance up to the 31st of January, when he discharged the case as cured.

Dr. Curtin appears to be the only accoucheur who delivered this patient without any puerperal complications, for, as far as can be

ascertained, she suffered in her first confinement with the same symptoms as in her second.

CASE V.—Mrs. H., æt. about 35. This patient I confined three times. The first time, May 25th, 1875, of her second child. Head in right occipito-posterior position; delivery with forceps; good getting up. The second lying-in took place February 4th, 1877, left occipito-anterior position, labor lingering, but child finally born without assistance. The patient continued well up to the seventh day, when sudden suppression of the lochia took place, followed by high fever; puerperal fever with slight peritoneal inflammation set in. The patient remained under treatment twenty days before discharged as cured.

On January 10th, 1879, I again confined the above patient; this was her fourth confinement. Os was fully dilated on my arrival; pains weak, not expulsive; head presenting in the left anterior. Giving the patient full time to aid herself and finding that labor made no headway, I attempted to deliver with Simpson's forceps, but finding the forceps could not obtain a good hold, on account of the head being too high, I sent for my Wallace forceps. After a good deal of difficulty, I delivered the patient of a large still-born child. The patient did well up to the sixth day, when an attack of puerperal fever was ushered in. For several days the result was doubtful, but under the influence of large doses of quinia and morphia the disease was checked.

CASE VI.—In the summer of 1878, I was requested to see a sick child; I then recognized the mother as a patient I had confined, and who had had puerperal fever. I questioned her closely, and she made the statement to me that in 1870 she had been confined by Dr. Wm. H. Hooper, and had a similar attack to the one I attended her for. On further inquiry, Dr. Hooper corroborated her statement.

We have here six women who between them have had fifteen attacks of puerperal fever. So the number of pregnancies and the number of times the fever occurred in each individual case can be seen at a glance, I will place them in a tabular form :

CASE.	NO. OF PREG.	ATTACKS OF FEVER.
1	6	3
2	3	2
3	4	3
4	4	3
5	4	2
6	2	2
	—	—
	23	15

What is the cause of the recurrence of the fever? Does the

poison remain latent in the system, ready to break out at any favorable moment? To this I cannot concur, knowing the rapidity of the action of septic poison, knowing that it will not remain dormant, and that it is not recognized as a chronic disease.

Can there remain a low form of inflammation of the peritoneum, that at the slightest provocation the inflammation is rekindled or are adhesions disturbed by changes that take place during pregnancy and confinement?

In regard to old peritoneal trouble breaking out afresh, we all know how careful we have to be in operating in cases of old pelvic cellulitis, but still we must look further, for, in the only case in which I had a chance to observe the condition after death, no such adhesions were found.

Can the nervous system have a hand in the renewal of the fever?

I can readily believe that a woman with a delicate nervous organization, under adverse circumstances, might be thrown into a condition favorable for the lighting up of a fever, as seen in case number three.



